Form : **8871** (July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service Part I General Information Mailing address (P.O. Box or number, street, and from or suite number)

City or town, state, and ZIP code

Local Care Paragraphic Committee of the control o Employer identification number 32 220243 34953 4b Custodian's address 5a Name of contact person 5b Contact person's address Same Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code Part II Purpose Describe the purpose of the organization List of All Related Entities (see instructions) 8a Name of related entity 8b Relationship 8c Address

Name List of Al	9b Title	ly Compensated Employees (see instructions) 9c Address
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Under penalti	es of perjury, I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Inter uding accompanying schedules and statements, and to the best of my knowledge and bel
it is true, corr	e, and that I have examined this notice, incli- ect, and co mpl ete.	
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- L 20	The Hause	1. Unda 22 2000
gn Signali	ure of authorized official	Date
Signat		

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